|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Busy Bee Adventures Registration Form | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | |  | |  | | | | |  |  |
| Child’s Name | | |  | | Date of Birth | | | | | Age | |
|  | | |  | |  | | | | | | |
| Parent/Guardian Name | | |  | | Parent /Guardian Name | | | | | | |
|  |  |  |  | |  | | |  |  | | |
| Home Phone |  | Cell Phone |  | | Home Phone | | |  | Cell Phone | | |
|  | | |  | |  | | | | | | |
| Address | | |  | | Address | | | | | | |
|  | | |  | |  | | | | | | |
| City, State, ZIP Code | | |  | | City, State, ZIP Code | | | | | | |
|  | | |  | |  | | | | | | |
| Alternative Emergency Contacts | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | |  |  | | | | | | | |
| Emergency Contact | | |  | Where will parent/guardian be during the Camp? | | | | | | | |
|  |  |  |  | (On-Site Location or dropping off child) | | | | | | | |
| Home Phone |  | Cell Phone |  |  | | | | | | | |
|  | | |  |  | | | | | | | |
| Relationship to Child | | |  |  | | | | | | | |
|  | | |  | Siblings Attending Camp? (Name and Age) | | | | | | | |
|  | | |  | | | | | | | | |
| People who may pick up my child | | |  |  | | | | | | | |
|  | | |  |  | | | | | | | |
| Medical Information | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Allergies: Please Specify | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Special Health Considerations: Please Specify | | | | | | | | | | | |
|  | | | | | | | | | | | |
| I authorize Camp leaders to photograph / film the minor designated above in any manner or form for any lawful purpose associated with the Summer Camp. | | | | | | | | | | | |
|  | | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | | |  | Date | | | | |
|  | | | | | | | | | | | |
| I give permission for my child to participate in Camp Activities. I release the Camp and individuals from liability in case of accident during activities related to the Camp as long as normal safety procedures have been taken. | | | | | | | | | | | |
|  | | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | | |  | Date | | | | |
|  | | | | | |  |  | | | | |